## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Senate Majority PAC	C C00484642			
	C 000404042			
Check if 24-hour report X 48-hour report New report Amends report filed on Amends report filed on				
Full Name of Payee	Date of Public Distribution/Dissemination			
AKPD Message and Media	07 19 2016			
Mailing Address 730 N Franklin St	Amount			
Ste 404				
City State Zip Code	13557.00			
Chicago IL 60654-7205	Transaction ID : VN7GBA1TFW1 Date of Disbursement or Obligation			
Purpose of Expenditure Media Production Costs - Estimate  Category/ Type	M = M / D = D / Y = Y = Y			
Name of Federal Candidate Support Office	e Sought: House District:			
Patrick E. Murhpy Oppose	President State: FL			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For:			
Full Name of Payee Shorr Johnson Magnus	Date of Public Distribution/Dissemination			
	07 19 2016			
Mailing Address 100 N 20th St	Amount			
Ste 201	20577.44			
City State Zip Code Philadelphia PA 19103-1454	38577.11  Transaction ID: VN7GBA1TFY7			
Purpose of Expenditure  Modic Production Costs Estimate  Category/	Date of Disbursement or Obligation			
Media Production Costs - Estimate  Type				
Name of Federal Candidate Support Office	e Sought: House District:			
Rob Portman Oppose	President X Senate State: OH			
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For: Primary			
	Cuter (speerly)?			
(a) SUBTOTAL of Itemized Independent Expenditures	52134.11			
(b) SUBTOTAL of Unitemized Independent Expenditures	7			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Rebecca Lambe  [Electronically Filed] Date 0	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Signature				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ADEINI EXPEND	TONES	<u> </u>	PAGE 2 OF 3 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				NTIFICATION NUMBER ▼
Senate Majority PAC				00484642
Check if 24-hour report X 48-hour rep	ort New rep	port Amends repo	rt filed on	D
Full Name of Payee Waterfront Strategies			M = M /	Distribution/Dissemination
Mailing Address 3050 K St NW			07 Amount	19 2016
Ste 100				
City Washington	State DC	Zip Code 20007-5108		1905458.00 : VN7GBA1TEP1
Purpose of Expenditure Media Buy		Category/ Type	Date of Disburs	ement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District:
Rob Portman		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought		9555337.40	Disbursement For:  2016  Other (spec	Primary
Full Name of Payee Waterfront Strategies			M = M /	Distribution/Dissemination
Mailing Address 3050 K St NW			07 Amount	19 2016
Ste 100			7 till Galit	
City Washington	State DC	Zip Code 20007-5108	Transaction ID :	
Purpose of Expenditure Media Buy		Category/ Type	Date of Disburs	ement or Obligation
Name of Federal Candidate		Support	Office Sought:	House District:
Patrick E. Murhpy		Oppose		Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	,	1013760.00	Disbursement For: 2016 Other (spec	Y Primary General
(a) SUBTOTAL of Itemized Independent Exp	penditures		•	2905661.00
(b) SUBTOTAL of Unitemized Independent I	Expenditures		. >	42
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Rebecca Lambe Signature	[Electron	nically Filed] Date	07 / 21	2016
- <b>J</b>				

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
Senate Majority PAC	C C00484642			
Check if 24-hour report X 48-hour report New report Amends report filed of	on			
Full Name of Payee Waterfront Strategies	Date of Public Distribution/Dissemination			
Mailing Address 3050 K St NW	07 19 2016 Amount			
Ste 100				
City State Zip Code	485743.00			
	Transaction ID: VN7GBA1TFX9 Date of Disbursement or Obligation			
Purpose of Expenditure Media Buy  Category/ Type	M M / D D / Y Y Y Y			
Name of Federal Candidate Support Office	Sought: House District:			
Ted Strickland	President State: OH			
Calendar Year-To-Date Per Election for Office Sought  Disburs 2016	sement For:			
Full Name of Payee	Date of Public Distribution/Dissemination			
Mailing Address	Amount			
City State Zip Code				
Purpose of Expenditure  Category/ Type	Date of Disbursement or Obligation			
	Sought: House District:  President Senate State:			
	resident Seriale State			
(a) SUBTOTAL of Itemized Independent Expenditures	485743.00			
(a) COSTOTAL OF ROTHERON Experioration	400743.00			
(b) SUBTOTAL of Unitemized Independent Expenditures	4			
(c) TOTAL Independent Expenditures	3443538.11			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Rebecca Lambe  [Electronically Filed] Date 07				
Oignaturo				